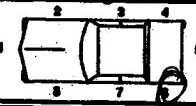
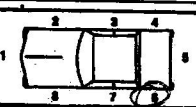


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-8828		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE		LOCAL FILE NO.			
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED						
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: 05 128 12015 Thurs		TIME: MILITARY 1751					
CRASH OCCURRED ON 900 McClure Rd				WITHIN THE INTERSECTION OF (Soccer field concession stands)									
IF NOT IN INTERSECTION 1/4 MILES _____ FEET _____ W _____ N _____ S _____ E _____ OF _____				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE 08303					
LOG-1		LOG-2		LOC JUR FH9 FILT									
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT		Ohio Insurance Motorist Mutual					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Brown, Natalie, Lange				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 6797 Grand Oaks Ct., Mason, OH 45040									
PHONE NO. 513-502-8958		BIRTH DATE m 9 129 1981		AGE 16		SEX F		SOCIAL SECURITY NO. OH 44163515			OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) Brown, Wesley				ADDRESS 6797 Grand Oaks Ct., Mason, OH							PHONE		
VEH YR 05		MAKE Ford		MODEL 2S		COLOR Red		STYLE 2S		STATE OH	LICENSE PLATE NO. GHU8096	TOWING SERVICE	VEH/PED DIR FROM W to N
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
8 UNIT NO. 2		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT		Progressive					
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Kalston, Tamara				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 237 Wood Forge Cir., Lebanon, OH 45036									
PHONE NO. 513-934-2437		BIRTH DATE m 5 16 1983		AGE 37		SEX F		SOCIAL SECURITY NO. OH		DRIVER'S LICENSE NO. RBS29645		OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) Kalston, James				ADDRESS Same						PHONE			
VEH YR 06		MAKE Chev		MODEL SW		COLOR Dark Blue		STYLE SW		STATE OH	LICENSE PLATE NO. DDF6806	TOWING SERVICE	VEH/PED DIR FROM S to N
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE m D Y		AGE		SEX		POSITION A B C D E F		INJURIES A B C D E F	
D FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE m D Y		AGE		SEX		POSITION A B C D E F		INJURIES A B C D E F	
E FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE m D Y		AGE		SEX		POSITION A B C D E F		INJURIES A B C D E F	
F FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE m D Y		AGE		SEX		POSITION A B C D E F		INJURIES A B C D E F	
A B C		INJURED TAKEN TO		By		A B C D E F		RESTRAINTS 1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		ALCOHOL A 1 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B 1 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TESTED	
A B C		INJURED TAKEN TO		By		A B C D E F		EJECTION A 1 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B 1 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DRUGS A 1 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B 1 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TESTED	
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A B C		INJURED TAKEN TO		By		A B C D E F		EJECTION A 1 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B 1 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DRUGS A 1 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B 1 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TESTED	
A B C		INJURED TAKEN TO		By		A B C D E F		EJECTION A 1 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B 1 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DRUGS A 1 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B 1 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TESTED	
A B C		INJURED TAKEN TO		By		A B C D E F		EJECTION A 1 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B 1 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DRUGS A 1 <input type="checkbox"/> YES			